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## BIB DATA SHEET

CONFIRMATION NO. 9020

<b>SERIAL NUMBER</b> 10/723,186	<b>FILING or 371(c) DATE</b> 11/26/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 4114	<b>ATTORNEY DOCKET NO.</b> 140348SV/YOD GEMS:0260		
<b>APPLICANTS</b> Anand Krishnamurthy, Bangalore, INDIA; Anish Cleatus, Bangalore, INDIA; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/11/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/TERESA S WOODS/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> INDIA	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> GE HEALTHCARE c/o FLETCHER YODER, PC P.O. BOX 692289 HOUSTON, TX 77269-2289 UNITED STATES						
<b>TITLE</b> Method for processing a workflow for automated patient scheduling in a hospital information system						
<b>FILING FEE RECEIVED</b> 1118	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			